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| 1 Commissioner for Patents | USPTO- GAU 1712<br>10/643,289 | 571-273-8300 |              |

|                                    |                                    |
|------------------------------------|------------------------------------|
| Date                               | Our Reference Number               |
| <b>May 19, 2006</b>                | <b>335970-00001</b>                |
| From                               | Email Address                      |
| <b>Martha M. Rumore, Pharm. D.</b> | <b>Martha.Rumore@kattenlaw.com</b> |
| Direct Phone                       | Direct Fax                         |
| <b>(212) 940-6566</b>              | <b>(212) 940-8986</b>              |

**Total number of pages, including cover letter: 4****If you do not receive all of the pages, please call: (212) 940-6784****Comments****Enclosed:**

1 page – Submission of Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address

2 pages – Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address

**Important**

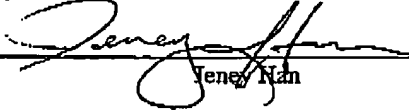
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Inventor : Harvey A. FURMAN et al.  
Serial No : 10/643,289  
Filed : August 19, 2003  
Title : CLEANING COMPOSITIONS FOR OIL AND GAS WELLS, LINES...  
Art Unit : 1712  
Confirmation No. : 4033

May 19, 2006

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

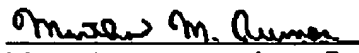
SUBMISSION OF REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF  
ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

To the Commissioner for Patents:

Applicant hereby submits a Revocation of Power of Attorney with New Power of Attorney and  
Change of Correspondence Address (2 sheets) for the above-referenced application.

Any fee due with this paper may be charged to Deposit Acct. No. 50-1290.

Respectfully submitted,

  
Martha M. Rumore, Pharm. D.  
Reg. No.: 47,046

CUSTOMER NO.: 026304  
TELEPHONE:(212) 940-8800  
FAX: (212) 940-8986  
Docket No.: 335970-00001

11194556.01

PTO/SB/02 (01-03)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                  |
|------------------------|------------------|
| Application Number     | 10/643,289       |
| Filing Date            | August 19, 2003  |
| First Named Inventor   | Harvey A. FURMAN |
| Art Unit               | 1712             |
| Examiner Name          | Philip C. Tucker |
| Attorney Docket Number | 335970-00001     |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **026304**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

**026304**

OR

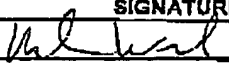
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |   |                |           |
|-----------|---|----------------|-----------|
| Signature |  |                |           |
| Name      | Harvey A. FURMAN  | REMOVED BY IFM | C/FAIRWAY |
| Date      | 5/14/06   | Telephone      |           |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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|--|------------------------|------------------|
| <b>REVOCATION OF POWER OF ATTORNEY WITH<br/>NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b> | Application Number     | 10/643,289       |
|  | Filing Date            | August 19, 2003  |
|  | First Named Inventor   | Harvey A. FURMAN |
|  | Art Unit               | 1712             |
|  | Examiner Name          | Philip C. Tucker |
|  | Attorney Docket Number | 335970-00001     |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **026304**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **026304**

OR


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| Address  |       |     |  |
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| Telephone  | Email |     |  |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |   |               |           |
|-----------|---|---------------|-----------|
| Signature |  |               |           |
| Name      | Kenneth R. CIOLETTI   | RONALD WILSON | C. HARRIS |
| Date      | 5/19/04   | Telephone     |           |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of **2** forms are submitted.

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